

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/28
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		10/3/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	TC 900	10-31-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

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Claim	Date
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If more than 150 claims or 10 actions
 stapl additional sh et here

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